

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3721E

FILED DEC 3 1943

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4803

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
203 West 66th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Berie R. Cullers

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Brown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 20 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 22 hr. min.

9. Birthplace Shelbina Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Henry Smock
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Nally
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Jewyl Robbins
(b) Address 203 West 66th Terrace
17. (a) Burial (b) Date thereof 11-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street
19. (a) 11-15-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 203 West 66th Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Jan 2 1943 to Nov 12 1943
that I last saw him alive on Nov 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac valvular disease (mitral regurgitation) many years
Due to pericarditis - sclerosis Duration many years

Due to 131a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Underline the cause to which death should be charged statistically.
Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury
23. Signature H. E. Brown (M. D. or other)
Address 1103 Grand Ave Date signed 11/13/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
....., Registered Apprentice No.
working under my personal supervision.

Signed

Elmer C. Wedelir

Licensed Embalmer No.

3495

P. O. Address

H. C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.